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## BIB DATA SHEET

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/394,731 03/22/2003 PAT 7,290,546

Yes  /CTO/

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

09/11/2003

None  /CTO/

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged	/CLINTON T OSTRUP/ Examiner's Signature	Initials	OH	8	25	8

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## TITLE

Nasal mask

FILING FEE RECEIVED 1390	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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